


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90237 015 ***150.00

DOCUMENT # P05000145389	
1. Entity Name FIRST FINANCIAL LENDING CORPORATION OF THE TREASURE COAST, INC.	

Principal Place of Business 702 DELAWARE AVE SUITE A FT. PIERCE, FL 34950 US	Mailing Address 702 DELAWARE AVE SUITE A FT. PIERCE, FL 34950 US
--	--

2. Principal Place of Business 800 VIRGINIA AVE	3. Mailing Address 800 VIRGINIA AVE
Suite, Apt. #, etc. SUITE 55	Suite, Apt. #, etc. SUITE 55
City & State FORT PIERCE, FL	City & State FORT PIERCE, FL
Zip 34947	Country US



03022006 Chg-P CR2E034 (11/05)

4. FEI Number 54-2188326		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent CASON, RONALD L 501 S. 10TH ST. FT. PIERCE, FL 34950		
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SIPLIN, TOM		NAME THOMAS D. SIPLIN	
STREET ADDRESS 702 DELAWARE AVE-- SUITE A		STREET ADDRESS 800 VIRGINIA AVE SUITE #55	
CITY-ST-ZIP FT. PIERCE, FL 34950		CITY-ST-ZIP FORT PIERCE, FL 34950	
TITLE VP	<input type="checkbox"/> Delete	TITLE VICE-PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HUNT, MONIQUE		NAME MONIQUE HUNT	
STREET ADDRESS 702 DELAWARE AVE -SUITE A		STREET ADDRESS 800 VIRGINIA AVE SUITE #55	
CITY-ST-ZIP FT. PIERCE, FL 34950		CITY-ST-ZIP FORT PIERCE, FL 34950	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Tom Sipplin **3/6/06** **172-480-4043**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #